122000034013

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



100378798211

02/16/22--01014--002 **25.00



Y. SCOTT MAR - 1 2022

COVER LETTER

TO:

| | gistration Sec vision of Corp | | | |
|--------------|--|--|---|---|
| eur uvet | | RESH CLEANING SERVICE | ES LTD | • |
| SUBJECT | : | | | |
| The enclose | ed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retui | rn all correspor | ndence concerning this matter | to the following: | |
| | | PATRICIA GRANT-HERO | NC | |
| | | | Name of Person | |
| | | | Firm/Company | 202 |
| | | 3821 LANCOVE WAY | | 2022 FEB 1 |
| | | | Address | ⇒47, On 1 |
| | | FT.PIERCE. | FLORIDA 34981 | PH 3: |
| | | patriciagrantheron@yahoo.c | | 3.E. |
| r. 0.1 | ٠, ٠,٠ | | to be used for future annual report notification | i) |
| For further | information co | oncerning this matter, please ca | all: | |
| PATRICIA | GRANT-HEI | <u>.</u> | 876 822-1312 at () | |
| | Name of | `Person | Area Code Daytime Telep | hone Number |
| Enclosed is | s a check for th | e following amount: | | |
| ☐ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| R D P | lailing Address egistration S vivision of Co O. Box 632' allahassee, F | Section orporations 7 | Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee eet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NATURE FRESH CLEANING SERVICES LTD | | |
|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on | _ and assigned |
| Florida document number L22000034013 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbre | viation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | 3821 LANCOVE WAY, FORT PIERCE | 202 |
| | FLORIDA 34981. | 2FEB |
| Inter new mailing address, if applicable: | 3821 LANCOVE WAY, FT. PIERCE, PLA. | The state of the s |
| Mailing address MAY BE A POST OFFICE BOX) | THE COLOR | |
| www.co.viii beiliool oille bony | | - 12 |
| | | 9 |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name o</u> | f the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | enier rioriaa sireet aaaress | |
| | , Florida | Zin Code |
| | City | zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|--|-----------------|
| MANAG | PATRICIA GRANT-HERON | 3821 LANCOVE WAY, FT PIERCE. FL 34981 | = Add |
| | | | □Remove |
| | | | □Change |
| AMBR | DJAMILA ZIOUI | 257 SE RAY AVENUE,PT.ST.LUCIE.FL.34983 | 🗆 Add |
| | | | □Remove |
| | | | = Change |
| | | | □Add |
| | | ECREPALY FALLARAS | |
| | | PH 3: 09 OF STAIL SEE, FIL | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗀 Add |
| | · | · | □Remove |
| | | | □Change |

| | | | | | <u> </u> | |
|--|------------------|--------------------|------------------------|--------------|--------------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u></u> | | · · | | | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | 0.4 <u>1</u> | 702 | |
| | | | | <u> </u> | - 12 | |
| | | | | | | G-mark |
| | | · · | | 10 X | | (Tage) |
| | | | | TH'S | P | |
| | ·- | | | | ယ္ ခ | |
| | | | | i ri | 09 | |
| ting data if other than the day of Cit | | | | _ | | |
| tive date, if other than the date of filing: | prior to date of | filing or more the | (option 190 days after | filing.) Pr | ursuant t | o 605.0 |
| If the date inserted in this block does not meet the apment's effective date on the Department of State's reco | pplicable statu | tory filing requ | irements, this | s date wi | ll not b | e listec |
| , | | | | | | |
| ord specifies a delayed effective date, but not an effecti | ive time, at 12 | :01 a.m. on the | earlier of: (b |) The 9 | Oth day | zafter i |
| iled. | • | | | , | ····· | |
| 7/11/2022 | | | | | | |
| 1 2/11/2022 | , · | | | | | |
| <i>ii , //</i> | , | ./ | | | | |
| 1.1 | | , , | | | | |
| Signature of a member or | authorized repr | esentative of a m | ember | | | _ |